

ANNE MILGRAM, ET AL. V. CELEBRATION STUDIOS, INC., ET AL.

PHOTOGRAPHER/ VIDEOGRAPHER QUESTIONNAIRE

PRINT NAME: _____

ADDRESS: _____

DAYTIME/WORK TELEPHONE #: _____

EVENING TELEPHONE #: _____

CELL PHONE #: _____

E-MAIL ADDRESS: _____

1. Indicate which services Celebration Studios contracted with you to provide:

Photography

Videography

Video Editor

Other (please describe) _____

2. Are there weddings for which you provided services for Celebration Studios for which you have not received payment? Yes_____ **No**_____

3. If you have answered “Yes” to Question No. 2, identify each of the weddings for which you have not received payment as follows:

_____ Bride/Groom	_____ Wedding Date	_____ Work Performed	_____ Payment Owed
_____ Bride/Groom	_____ Wedding Date	_____ Work Performed	_____ Payment Owed

Bride/Groom	Wedding Date	Work Performed	Payment Owed
Bride/Groom	Wedding Date	Work Performed	Payment Owed
Bride/Groom	Wedding Date	Work Performed	Payment Owed
Bride/Groom	Wedding Date	Work Performed	Payment Owed
Bride/Groom	Wedding Date	Work Performed	Payment Owed
Bride/Groom	Wedding Date	Work Performed	Payment Owed

* Add additional sheets of paper, as necessary.

4. For each of the weddings listed above, provide copies of the following: (a) Celebration Studios Assignment Sheet; (b) Invoices; (c) if partial payment received by Celebration Studios, proof of such payment (i.e. bank statements); (d) any checks provided by Celebration Studios, but returned for insufficient funds; and (e) any communication with Celebration Studios requesting payment.
5. Are you currently in possession of any photographs, videos, etc. that you prepared in connection with weddings for which you provided services for Celebration Studios? Yes _____ No _____
6. If you have answered “Yes” to Question No. 5, please provide the following information:

Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise

Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise

* Add additional sheets of paper, as necessary.

7. Have you provided Celebration Studios with photographs and/or videos you had taken in connection with weddings for which you had not received payment?
Yes_____ No_____

8. If you have answered “Yes” to Question No. 7, please provide the following information:

Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise

Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise
Bride/Groom	Wedding Date	Merchandise

* Add additional sheets of paper, as necessary.

9. Have you received any direct payment from brides/grooms for merchandise for which you have not received payment from Celebration Studios?
Yes _____ No _____

10. If you have answered “Yes” to Question No. 9, please provide the following information:

Bride/Groom	Wedding Date	Merchandise	Payment
Bride/Groom	Wedding Date	Merchandise	Payment
Bride/Groom	Wedding Date	Merchandise	Payment
Bride/Groom	Wedding Date	Merchandise	Payment
Bride/Groom	Wedding Date	Merchandise	Payment
Bride/Groom	Wedding Date	Merchandise	Payment

* Add additional sheets of paper, as necessary.

11. Have you filed any complaint or commenced any other proceeding against Celebration Studios and/or Marc S. Schwartz to recover any outstanding payments?

Yes _____

No _____

12. If you have answered "Yes" to Question No. 11, for each action/proceeding state: (a) the court and/or docket number; (b) whether you have obtained a judgment or other final disposition; (c) whether you have actually recovered any money or property.

13. Please provide any additional comments: _____

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

Date

Signature

Please return completed survey by August 14, 2008 to:

New Jersey Division of Consumer Affairs

Office of Consumer Protection

P.O. Box 45025

Newark, NJ 07101

Attention: Ray Lee

FAX 973-648-4595

E-Mail: ocpcom@dca.lps.state.nj.us